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CONFIRMATION NO. 4343

<b>SERIAL NUMBER</b> 10/685,073	<b>FILING OR 371(c) DATE</b> 10/14/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> MSE #2671	
<b>APPLICANTS</b> Robert C. Whitson, Elkhart, IN; Norman S. Miller, Lafayette, IN;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/418,422 10/15/2002 <i>cp.</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/14/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Charles R.</i> 6/15/06 Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 38	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> BAYER HEALTHCARE LLC 1884 Miles Avenue Elkhart, IN46514-0040					
<b>TITLE</b> Lancing device					
<b>FILING FEE RECEIVED</b> 1482	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		